Automatic External Defibrillator ~
To Have or Not To Have?

The automated external defibrillator (AED) is a computerized medical device that can check a person's heart rhythm. It can recognize a rhythm that requires a shock and it can advise the rescuer when a shock is needed. The AED uses voice prompts, lights, and text messages to tell the rescuer the steps to take.

Risk Management recognizes that AEDs can be effective, life-saving devices if utilized properly. If not utilized properly, AEDs can have serious medical and liability exposures. Risk Management's position is simply that if an agency or facility intends to implement an AED program, it must ensure on-going compliance with all applicable federal, state and local legal requirements. If an agency or facility cannot dedicate on-going time and resources to meet these requirements, it should avoid placement of AEDs in its facility.

Public access to defibrillation (PAD) means making AEDs available in public and/or private places where large numbers of people gather or people who are at high risk for heart attacks live.

Although AEDs can be amazing life-saving devises, they are not without legal ramifications. Public access refers to accessibility for trained users to use AEDs in public places. Public access does not mean that any member of the public witnessing a sudden cardiac arrest should be able to use the device. AEDs are to be used only by individuals with the proper training and certification in accordance with federal, state and local laws.

The federal requirements for AEDs have been established by the Food and Drug Administration (FDA). The American Heart Association (AHA) has established guidance for compliance with the federal regulations and for starting a PAD program. Numerous resources, forms and templates can be found on the AHA's website www.americanheart.org.

The state requirements can be found at N.D.C.C. §32-03.1-02.3. Although this is the Good Samaritan Act with exclusions to liability to a licensed physician who advises on the use, to the person who provides training, and to the person responsible for the site where an AED is located, there are several requirements that need to be met prior to being granted the liability protections under the statute.

The bottom line is that to avoid liability for use of AEDs at your facility you need to consider various factors, including:

- choosing a program manager;
- on-going compliance with federal, state and local laws;
- placement; and
- who and how many employees will be trained to represent the response team.

Proper documentation of the planning, implementation, and management of an AED program will ensure that your facility has a safe and effective program.

In November 2005, the AHA released new guidelines for CPR and ECC (Emergency Cardiovascular Care). www.americanheart.org/presenter.jhtml?identifier=3035517 These new guidelines also affect the use of AEDs. According to AHA, "*the emphasis on providing high quality CPR with fewer interruptions is also reflected in the changes to the new guidelines for using a defibrillator. For example, rescuers are advised to use only one shock before resuming CPR, rather than three, as previously recommended.*" www.americanheart.org/presenter.jhtml?identifier=3036362

The AED changes are summarized in AHA's *Currents*, Volume 16 Number 4 Winter 2005-2006, www.americanheart.org/downloadable/heart/1132621842912Winter2005.pdf:

> When attempting defibrillation, all rescuers should deliver 1 shock followed by immediate CPR, beginning with chest compressions. All rescuers should check the victim's rhythm after giving about 5 cycles (about 2 minutes) of CPR. Once AEDs are reprogrammed by the manufacturers, they should prompt rescuers to allow a rhythm check every 2 minutes.

While these new guidelines do not currently *require* AEDs to be reprogrammed, it is *recommended* by AHA. As a result, Risk Management endorses this recommendation and suggests that:

1) each agency/facility currently utilizing an AED contact the AED manufacturers about reprogramming the machines to support the new guidelines,
2) revise the PAD program accordingly, including documentation from the manufacturer if the AED is not reprogrammable; and
3) update and renew AED training.

References:

American Heart Association and URMIA White Paper on Automated External Defibrillators and PAD Programs